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ORIGINAL ARTICLE

Phenomenology of hallucinations: the contribution of Henri Ey's organodynamism to the appraisal of qualitative differences

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Recent research interpreting every hallucination as a dissociative phenomenon renewed the interest for classical studies on hallucinations and consciousness in psychoses. One of the early psychopathologists who extensively wrote on this issue is Henri Ey. He proposed a model, called organodynamism, which was based on neo-Jacksonian ideas about progressive dissolution of consciousness states, interpreting psychopathological phenomena as the emergence of disinhibited low level mental functions. From this point of view, hallucinations are not perceptual disturbances but one of the phenomena emerging from the lowering of psychic tension created by basic disturbances.
Useful lessons we can learn from this theory are: a) hallucinations are not all the same. A closer analysis of the qualitative differences between apparently similar phenomena is needed (particularly in current empirical studies that, using simple psychiatric scales, are unequipped to detect them); b) The clinical picture varies during the clinical course, so transversal description is not to be confused with steady reality; c) A phenomenological study of hallucinations as isolated objects is pointless, they must be considered in a figure-ground dynamic, the ground being the overall clinical picture, the state of consciousness, the personality of the subject, etc.

Keywords: auditory verbal hallucinations (AVH), pseudohallucinations, phenomenology, consciousness dissociation, psychosis, French psychopathology

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INTRODUCTION

The recent revival of studies interpreting voice hearing as a dissociative phenomenon, not only in post-traumatic and dissociative disorders but also in schizophrenics (Longden et al., 2012; Moskowitz et al., 2017), fosters a renewed interest for those authors that proposed the issue of consciousness, dissociation and hallucinations in the history of psychiatry. However, it is surprising that the famous French psychiatrist Henri Ey (1900-1977), who dedicated to this issue several classical studies, is almost neglected in this debate. Moskowitz et al. (2017) cite him as a possible valuable early phenomenologist to be studied, and in their article they suggest at the same time that: a) Phenomenal characteristics suggest that auditory verbal hallucinations have a dissociative nature in both dissociative/traumatic and psychotic disorders; b) There is a possible distinction between the "low level" dissociative disorder that may be at the basis of schizophrenic hallucinations, and the mechanisms involved in the auditory hallucinations of patients with post-traumatic or dissociative disorders. To my knowledge this issue of a distinction of levels of dissociation is never studied in detail in recent contributions, while it was painstakingly elaborated in Ey's organodynamic theory.

In this paper a brief introduction to Ey's model will be followed by his ideas on hallucinations elaborated in the pre-WWII period.

ORGANODYNAMISM

Henri Ey (1900-1977) develops his theory having in mind different stances that he tries to complement. At one side there is Jackson's (1884) neurological view of the existence of a defect of consciousness in every case of insanity, with negative and positive elements emerging in the clinical picture. This view will be further elaborated in France by Ribot and echoed in Pierre Janet concept of "psychasthénie". On the other side, Ey has personal exchanges with the psychoanalysts Jacques Lacan and Julien Rouart, promoting a very different approach. According to Delille (2008), the development of the organodynamism is the tentative to apply

the Jacksonian model to a dynamic conception of neuropsychiatric conditions, having its apex in the pre-WWII years. In these years the Freudian influence is already present (Ey writes some papers with Rouart, accepting the notion of a psychological unconscious), but it is after the war that the influence of Lacan becomes particularly relevant in a sort of dialogue on the phenomenology of consciousness and the unconscious. Ey tries to consider the phenomenological contributions (Binswanger, Merleau-Ponty) and to manage the problems posed to his system from both psychoanalysis and biological psychiatry, nevertheless organodynamism slowly declines and today is (unfortunately) almost forgotten.

A very good synthesis of this approach is Azima's (1953) apologetic paper. In his view the basis of Ey's organodynamism is the Jacksonian heritage with strong amendments, and the need to find a third way between biological reductionism and psychologism. Indeed, Ey (1948, quoted in Azima, 1953, p.360) describes his approach as follows:

> "Abandoning the Cartesian dilemma which strangles the very notion of mental disease, psychiatry should be neither mechanicist nor psychogenetist, because mental disease is neither an aggregate of mechanical symptoms without human signification, nor a simple variation of behavior under the influence of psychologic or social causes. The mental disease is a form of psychic activity conditioned by an organic process. In this respect it is analogous to a dream which is liberated by sleep"

A good starting point for our discussion is Ey's (1934, p.1) quotation of the following sentence attributed to Jackson [our translation from the French text]:

> "I sustain that the disease produces only negative mental symptoms in response to dissolution, and that all positive complex mental symptoms (illusions, hallucinations, delusions and odd behaviors) are the result of the activity of nervous elements that are not affected by the pathological process […] The most absurd ideas and the oddest actions of the alienated are the survival of their best adapted states […] they are not caused by the disease but are the result of the activity of what remains of him (of what the disease has spared), of all of him that still exists: his illusions, etc., are his spirit"

In other words, in the central nervous system there are structures organized in hierarchical order, and when dissolution starts from the highest functions, the lower ones are no more regulated and arise in the consciousness field in a disinhibited form. According to Azima (1953, p.365), Ey's theory assumes, as *conditio sine qua non*, that the origin of all psychopathological phenomena is an alteration of organic substratum which results in dissolution, even admitting that it is "by hypothesis". However, this mature requirement is not so strict in early writings. For example, in 1934 Ey (p.165) admits among possible etiologies that:

> "underlying and unconscious tendencies can, as Mourgue says, «invade the sphere of causality», can force into a given direction the individual's behavior producing for example […] those feelings of influence linked to an unconscious affective activity of which the prototypal is M. Claude's syndrome of external action"

According to Azima (1953), organodynamism can be divided in two parts with sub-items.

1. Organicism. The origin of psychopathological conditions is the alteration of the organic substratum which results in dissolution. Functions are organized hierarchically, the higher structures imply the inferior ones but are not reducible to them (a sort of supervenience). Brain structures give rise to two main kinds of functions:

1.1 Functions intimately related to the structure of the nervous system (instrumental functions of relation's life). Partial disintegration of these functions without global modifications of the psychic life are the object of neurology.

1.2 Energetic psychic functions (overall integrative activity of function of reality). Global dissolution of superior psychic functions brings to liberation of lower functions (automatism) and is the object of psychiatry.

2. Dynamism. The organism is not only a structure but also a *becoming*, so organic problems can produce dynamic consequences.

2.1 Energetic deficit. The relationship of the organism with the environment requires a good level of "psychological tension" to maintain an appropriate function of reality. The dissipation of this energy leads to the regression of mental functions to lower levels.

2.2 Automatism. The diminution of superior psychic forces entails the release of lower

functions, which escape from control (disinhibition).

2.3 Elaboration. The most original part of Ey's theory is here. In many psychiatric conditions, dissolution does not provoke direct emergence of automatic, low level outputs. There is an implicit elaborative work by the subject that, based on his personality, produces the final symptoms building on basic automatisms. Ey (1934, p.22) calls this dynamic the "law of the organo-clinical gap", which he defines as follows:

> "between the symptom and its organic etiology there is a *gap* [*écart*] that constitutes the overall complexity of mental pathology. Between the knock that the brain receives and the clinical picture there is the *personality* of the ill person"

A consequence for psychiatric nosology is that mental disorders are not distinct natural entities but the dynamic product of different levels of energetic loss of psychic tension. Therefore, there is the possibility of symptoms of different disorders emerging in the same patients according to the variation in time of their level of dissolution, back and forth. According to Azima (1953, p.368), we can distinguish four levels of dissolution, which can change during the course of the illness and temporarily characterize different clinical states:

1. Dissolution of the higher functions, which insure the integration of personality on social levels. It corresponds clinically to disorders of behavior.
2. Dissolution of functions, which insure the integration of thymic, affective forces in adaptation to reality. Clinically, it corresponds to maniac-depressive states.
3. Dissolution of functions, which insure the perceptive organization of external and internal world, and the subjective/objective discrimination. It corresponds to oniroid hallucinatory states, and delusional states of inference and depersonalization.
4. Dissolution of fundamental intellectual functions. It corresponds to confuso-oniric states and mental confusion.

HALLUCINATIONS

I will concentrate on Ey's pre-WWII conception of hallucinations because in the writings of this period we find key points that can be useful also for the current debate on auditory verbal hallucinations (AVH).

Ey (1934) shows different pathways of formation leading to the emergence of hallucinations.

Basically, he thinks that the more the sensorial perception is vivid, the less it is an hallucination, because when there is consciousness of hyperesthesia there is also lack of belief in its reality (Ey, 1934, p.171). Accordingly, he rejects the idea that hallucinations are the byproduct of hyper-activation of sensorial regions of the brain and that the delusion is a consequence of this basic perceptual disturbance. On the contrary (Ey, 1934, pp.168-169):

> "the nervous or sensory brain lesions cannot drive the characteristic mistake of the hallucination through *the only aesthesia of the image*. They lead to this result […] only when they drive a lowering of the [capacity of] critique as it is found in the analysis of all the crepuscular, confusional and delusional states. In order to have a true hallucination there must be also *mistake*. The conditions for this mistake can well be morbid conditions of the brain, but as far as they drive a lowering of [consciousness] level"

Second, Ey (1934, p.170) stresses that mental symptoms are never isolated phenomena, on the contrary:

> "In themselves these symptoms are nothing, they are never seen in isolation and, being isolated, they never command the delusional belief and the mistake from which they come"

Accordingly, on the basis of the French diagnostic distinctions of his time, he differentiates four kinds of psychotic delusions (mood disorders excluded) in which we find hallucinations: the paranoid dementia (schizophrenia), the paranoid psychosis (paraphrenia), the delusion of influence and possession described by Séglas, and the delusion of external action described by Claude. In these conditions, hallucinations have to be described not only in their own characteristics, but also in relation to the whole mental status, the modality of thinking, and the course of the clinical picture. I.e., for a thoughtful description it is not enough to describe the form and content of hallucinations, it is also necessary to describe them as part of a whole from which they derive

many phenomenal characters.

If the hallucination is not a sensorial emergence but a mistake the person makes when "he falsely confers to some subjective processes a more or less objective reality" (Ey, 1934, p.172), hence the false belief is primary and the "perceptual" phenomena are secondary and can, as they often are, be present together and contemporarily (e.g. illusions, pseudohallucinations, hallucinations). A consequence is that the phenomenal differentiation of these phenomena, important as it is, is not specific of a given disorder, so it is not strange to find the same phenomenon (e.g. hallucinations) in different disorders. What is more relevant is that different conditions (like the four kinds of delusion mentioned above) can give a different "color" [our term] to the hallucination which is no more "the same", because it is not a mosaic tile but a phenomenon that changes depending on the general phenomenological context in which it is detected.

Finally, we have to specify that in Ey's view the though disorder is primary in relation to hallucinations, but secondary to a basic dissipation of psychic energy, in turn deriving from a fundamental brain dysfunction or from unconscious drives. Remarkably, this is not a mere mechanical chain of causes and effects because the personality characteristics intervene in the "hermeneutic" construction of the final phenomenon.

Ey's (1934, pp.173-174) clinical description can be a good way to contextualize and summarize these theoretical points:

> "The modalities and the sense of this objectification are different. Sometimes the inner world, in itself degraded to become just images, objectifies and realize itself, as it is in the state of dream [l'état de rêve] and in the *oneiric thought* [la pensée onirique] where hallucinations pseudo-hallucinations, illusions and interpretations intertwine themselves but are all equally oriented towards an exterior reality. Sometimes the subject's affects oriented towards the relationships with the exterior word establish a delusion of persecution, and they objectify themselves until the hallucination with all its usual procession of disorders like pseudo-hallucinations, illusions and interpretations. In our opinion the two large categories of the *properly hallucinatory* states are here. Clinically they correspond to the confusional states and the chronic delusion of the Lassègue-Falret (and Magnan) type. In other cases, as it was well seen by Séglas, it is the inner me that is the object itself of the delusion. These are those cases where we find the psychical hallucinations and the psycho-motor phenomena, they are the delusions of influence, possession, depersonalization. [… they are] linked to states of dissociation [désagrégation], lack of psychic coordination (paranoid dementia which in our opinion is the real schizophrenia), or to states of delusional belief secondary to a state of depersonalization (Séglas) or expressing the tyranny of some repressed affective complexes (Claude). We have seen that they can degrade themselves either in the sense of schizophrenic states […] or in the sense of *paraphrenic states* based on an attitude towards objectification"

CONCLUSION

At the phenomenal level, Ey (1934, p.175) distinguishes illusions (erroneous complementing of real perceptions), hallucinations (projection into the objective world of non-existing "objects"), pseudohallucinations (perception of internal "objects", i.e. *relative* objectification of own thoughts and speach), and hallucinoses (conscious hallucinations with strong esthetic character, projected into the reality but without the belief in their reality). Only the latter are interpreted as directly derived from sensory disturbances, the others are all consequences of a more general psychotic disturbance affecting several psychic functions, which in turn derive from a dissolution of consciousness, a lowering of psychic tension.

Accordingly, illusions, misinterpretations, hallucinations and pseudohallucinations can be present at the same time in the same patient because they all depend on the same basic dissolution.

Moreover, depending on the level of dissolution there are different clinical pictures and the hallucinatory phenomena acquire different characteristics that can change along the clinical course (e.g., ending in a vague and nonspecific hallucinatory stance without real hallucinations in the final disaggregation of some schizophrenic processes).

Ey's model can be criticized because it is not free from overgeneralizations or theoretical prejudgments (in the sense of Jaspers). The idea of a psychic tension, for instance, is too metaphysically akin to the vital impetus [élan vital] to be accepted without discussion. Moreover, the correlation between different states of consciousness and corresponding

psychopathological pictures is not always easily detected in clinical activity. For example, the description and interpretation of the psychopathological phenomena arising in oniroid states of consciousness or mental confusion is clinically sound. On the contrary, it is less clear in which sense and in what respect the state of consciousness is altered in schizophrenics (the same limitation applies to recent theories proposing that all auditory verbal hallucinations are dissociative in nature). Ey proposes different degrees of consciousness dissolution with hallucinations in schizophrenia at a lower level than those in oneiric states. Here there is some similarity with Moskowitz et al.'s (2017) proposal of different levels of dissociation at the basis of hallucinations in patients with schizophrenia and post-traumatic or dissociative disorders. In Ey's account, the proposal is clear but the phenomenal evidence at the clinical level is less convincing. Similarly, in recent suggestions the theoretical distinction is clear but devoid of a corresponding phenomenological clinical description.

In any case, despite its intrinsic limitations, Ey's contribution is still vital in suggesting that mental disorders are not steady entities but the description of a dynamic course; in differentiating several kinds of "perceptual" disturbances; in rejecting the idea of a hyperactivity of sensorial brain loci in favour of a model subsuming so called "perceptual" disturbances to fundamental alterations in the way of being of the subject in his own world, etc.

The first lesson we can learn is that the recent empirical studies reporting raw formal similarities between hallucinations in different DSM disorders are not very informative, because they lack "phenomenal determination", i.e. a closer analysis of the qualitative differences between apparently similar phenomena.

The second lesson is that the phenomenal psychopathological picture varies during the clinical course, so transversal description is not to be confused with reality.

Third and final, the phenomenal description has not to be intended as a description of an isolated steady object but as the articulation of a figure-ground dynamic, the ground being the overall clinical picture, the state of consciousness, the personality of the subject, the social/cultural idioms available for the interpretation and communication of his lived experience, and finally the co-construction of meaning occurring during the dialogical negotiation with the clinician (for contemporary contributions on this last issue see also Berrios, 2013, and Aragona and Marková, 2015).

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